



Simplified Request for Individual Health Insurance Quotes -

Our Fax: 888.583.3110		Our Phone: 888.611.SHOP		E-mail: info@insuranceshopllc.com	
Our Web: www.insuranceshopllc.com					
Your Information:					
Name:					
Gender:		Date of Birth:			
Address					
City:		State:		Zip:	
Weight:	lbs	Height:			
Dependent/Family Info (if to be covered)					
Spouse Gender:		DOB:			
Weight:	lbs	Height:			
Child1 Gender:		DOB:			
Weight:	lbs	Height:			
Child2 Gender:		DOB:			
Weight:	lbs	Height:			
Child3 Gender:		DOB:			
Weight:	lbs	Height:			
Child4 Gender:		DOB:			
Weight:	lbs	Height:			
Child5 Gender:		DOB:			
Weight:	lbs	Height:			
General Questions:					
What types of health coverage would you like to see (e.g., HMO, PPO, High-Deductible (HSA Eligible) Health Plan, etc.)?					
Any health problems that could affect premium? Please Explain.					
Any special requests or remarks?					
How did you hear about us?					